 Recommendation- Academic Advisor

**Applicant:**

Your name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Term for which you are applying: \_\_\_\_\_\_\_\_\_\_\_\_

Please complete the upper portion of this form and give it to your academic advisor. If you waive your right to see the letter, ask your advisor to send it directly to Accès.

Please check one:

[ ]  I waive my right to examine this letter of recommendation, understand that it will remain confidential, and will ask my advisor to send it directly to Accès.

[ ]  I do not waive my right to examine this letter of recommendation. I will ask my advisor to send it to me and I will forward it to Accès.

Student signature: Date:

**­­­­­­­­­­­­Respondent:**

Thank you for taking the time to complete this recommendation for study abroad in Strasbourg France for the above student. If he or she waived the right to review this document, your comments will not be shared with the student. You may return this form to the student or upload it at [*www.accesstudyabroad.fr/pages/student-zone/applicants/additional-application-materials.html*](http://www.accesstudyabroad.fr/pages/student-zone/applicants/additional-application-materials.html)

1. How long have you known the applicant?

2. What is your relationship to the applicant?

3. Do you recommend this student for study abroad with Accès at this time? If no, please explain.

4. We would appreciate a candid evaluation of the applicant’s preparedness for study abroad. Feel free to submit your response on a separate sheet of paper.

Your name: Title:

Institution: Your email & telephone:

Signature: Date: